

PATENT  
450100-02164

2616

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Shigeru Yoshino, et al.  
Serial No. : 09/436,870  
Filed : November 9, 1999  
For : DATA RECORDER-REPRODUCER AND BIT MAP DATA  
PROCESSING METHOD, CONTROL PROGRAM PROCESSING  
METHOD AND SETTING DATA PROCESSING METHOD OF  
DATA RECORDER-REPRODUCER  
Examiner : Onuaku, Christopher O.  
Art Unit : 2616

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

| (1)                                     | (2)<br>Claims remaining after<br>amendment | (3)   | (4)<br>Highest<br>number<br>previously<br>paid for | (5)<br>Present extra | (6)<br>Rate | (7)<br>Additional<br>Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims                            | 20   | Minus | ** = 20  | * 0 x                | \$50 (25)   | = \$ 0                   |
| Independent claims                      | 6  | Minus | *** = 6  | * 0 x                | \$200 (100) | = \$ 0                   |
| Total additional fee for this amendment |  |       |  |                      |             | \$ 0                     |

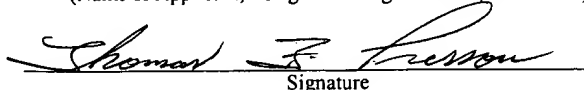
- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$120.00 is attached, which covers the cost of ☒ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 3, 2005.

**Thomas F. Presson, Reg. No. 41,442**

(Name of Applicant, Assignee or Registered Representative)

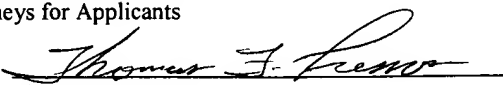
  
Signature

June 3, 2005

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

  
Thomas F. Presson  
Reg. No. 41,442